

# The Commonwealth of Massachusetts Executive Office of Health and Human Services Division of Health Care Finance and Policy Two Boylston Street Boston, MA 02116

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Commissioner

Informational Bulletin 08-15

#### Regulations: 114.3 CMR 16.00 Surgery and Related Anesthesia Services 114.3 CMR 17.00 Medicine 114.3 CMR 18.00 Radiology

December 11, 2008 (Effective date January 1, 2009)

#### **CPT/HCPCS 2009 Coding Updates**

The Division is issuing this Informational Bulletin under the authority of Regulations 114.3 CMR 16.01(4), 17.01(4), and 18.01(4) Coding Updates and Corrections to transmit a list of 2009 added and deleted codes. In addition, for deleted codes with corresponding replacement codes, the Bulletin contains crosswalks to new codes that replace the deleted codes. Codes with one-to-one crosswalks to 2009 added codes will be reimbursed at the current payment rate of the deleted codes. Codes with one-to-one crosswalks to existing codes will be reimbursed at the current payment rate of the existing codes. For codes with multiple crosswalks, rates for the 2009 additions are calculated according to the rate methodology used in setting physician rates. Rates listed in this informational bulletin are applicable until revised rates are issued by the Division. All other codes in this bulletin that require pricing will be reimbursed at individual consideration (I.C.) until revised rates are issued. 2009 deleted codes will no longer be available for use after 2008.

#### 114.3 CMR 16.00 Added Codes:

CODE	DESCRIPTOR	
00211	Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma	
00567	Anesthesia for direct coronary artery bypass grafting; with pump oxygenator	
20696	Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with	
	stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment[s], assessment[s], and computation[s] of adjustment schedules[s]	
20697	Application of multiplane (pins or wires in more than one plane), unilateral, external fixation with	
	stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal	
	and replacement) of strut, each	
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate	
	preparation (includes osteophytectomy for nerve root or spinal cord decompression and	
	microdissection), single interspace, cervical	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	
22864	Removal of total disc arthroplasty (artifical disc), anterior approach, single interspace; cervical	
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus	
	maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus	

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61799 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional of	ial lesion
lesion, complex (List separately in addition to code for primary procedure)	
Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition for primary procedure)	on to code
62267 Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tiss diagnostic purposes	sue for
63620 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	
Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional lesion (List separately in addition to code for primary procedure)	spinal
64455 Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's r	neuroma)
64632 Destruction by neurolytic agent; plantar common digital nerve	ii cai Oiiia j
65756 Keratoplasty (corneal transplant); endothelial	
65757 Backbench preparation of corneal endothelial allograft prior to transplantation (List separate addition to code for primary procedure)	

# 114.3 CMR 16.00 Deleted Codes:

CODE	DESCRIPTOR	
20986	Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image	
	guidance based on intraoperatively obtained images (eg, fluoroscopy, ultrasound) (List separately in	
	addition to code for primary procedure)	
20987	Computer-assisted surgical navigational procedure for musculoskeletal procedures; with image	
	guidance based on preoperative images (List separately in addition to code for primary procedure)	
46934	Destruction of hemorrhoids, any method; internal	
46935	Destruction of hemorrhoids, any method; external	
46936	Destruction of hemorrhoids, any method; internal and external	
52606	Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time	
52612	Transurethral resection of prostate; first stage of two-stage resection (partial resection)	

CODE	DESCRIPTOR
52614	Transurethral resection of prostate; second stage of two-stage resection (resection completed)
52620	Transurethral resection; of residual obstructive tissue after 90 days postoperative
53853	Transurethral destruction of prostate tissue; by water-induced thermotherapy
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions

#### 114.3 CMR 16.00 Crosswalks and Rates:

For descriptions of the deleted codes and their respective replacement codes, please refer to the appropriate added or deleted code sections above.

DELETED	REPLACEMENT
CODE	CODE
52606	52214*
52612	52601*
52614	52601*
52620	52630*
61793	61796-61800, 63620, 63621

<sup>\*</sup>Codes 52214, 52601, and 52630 are existing codes.

		RATE	
DEDI ACEMENT			
REPLACEMENT		_	Global
CODE	Fee	Fee	Fee
20696			\$782.25
20697	\$1,056.62	\$0.20	
22856			\$1,197.99
22861			\$1,445.01
22864			\$1,326.99
27027			\$630.15
27057			\$697.29
35535			\$1,570.93
35570			\$1,215.93
35632			\$1,491.90
35633			\$1,610.35
35634			\$1,460.30
41512			\$462.43
41530	\$2,460.23	\$303.00	
43273			\$98.51
43279			\$907.82
46930	\$158.62	\$112.32	
49652			\$554.00
49653			\$691.52
49654			\$635.03
49655			\$764.35
49656			\$637.32
49657			\$918.04
55706			\$314.96
61796			\$565.19
61797			\$151.85
61798			\$565.19
61799			\$209.91
61800			\$108.08
62267	\$194.00	\$122.79	

	RATE		
REPLACEMENT	NFAC	FAC	Global
CODE	Fee	Fee	Fee
63620			\$565.19
63621			\$174.58
64455	\$38.78	\$29.84	
64632	\$63.91	\$53.69	
65756			\$789.18
65757			I.C.

## 114.3 CMR 17.00 Added Codes:

CODE	DESCRIPTOR		
90650	Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use		
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use		
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-		
	IPV), when administered to children 4 through 6 years of age, for intramuscular use		
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use		
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month		
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month		
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visits per month		
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month		
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 or more face-to-face physician visits per month		
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visits per month		
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per month		
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 or more face-to-face physician visits per month		
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visits per month		
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face physician visits per month		
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face physician visits per month		
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visits per month		
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents		
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents		

CODE	DESCRIPTOR
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
93228	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; physician review and interpretation with report
93229	Wearable mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and physician prescribed transmission of daily and emergent data reports
93279	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, reviewed and report; single lead pacemaker system
93280	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, reviewed and report; dual lead pacemaker system
93281	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, reviewed and report; multiple lead pacemaker system
93282	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, reviewed and report; single lead implantable cardioverter-defibrillator system
93283	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, reviewed and report; dual lead implantable cardioverter-defibrillator system
93284	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, reviewed and report; multiple lead implantable cardioverter-defibrillator system
93285	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, reviewed and report; implantable loop recorder system
93286	Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead pacemaker system
93287	Peri-procedural device evaluation and programming of device system parameters before or after a surgery, procedure, or test with physician analysis, review and report; single, dual, or multiple lead implantable cardioverter-defibrillator system
93288	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
93289	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements

CODE	DESCRIPTOR
93290	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all
	internal and external sensors
93291	Interrogation device evaluation (in person) with physician analysis, review and report, includes
	connection, recording and disconnection per patient encounter; implantable loop recorder system,
02202	including heart rhythm derived data analysis
93292	Interrogation device evaluation (in person) with physician analysis, review and report, includes
93293	connection, recording and disconnection per patient encounter; wearable defibrillator system  Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker
93293	system, includes recording with and without magnet application with physician analysis, review and report(s), up to 90 days
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker
75271	system with interim physician analysis, review(s) and report(s)
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable
75275	cardioverter-defibrillator system with interim physician analysis, review(s) and report(s)
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker or implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor
	system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, physician analysis, review(s) and report(s)
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system,
	including analysis of recorded heart rhythm data, physician analysis, review(s) and report(s)
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode
75500	recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode
	recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of
	continuous electrocardiographic monitoring, with physician supervisioin
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or
70314	intramuscular

CODE	DESCRIPTOR
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
99461	Initial care per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same day
99464	Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
99466	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of hands-on care during transport
99467	Critical care services delivered by a physician, face-to-face, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes (List separately in addition to code for primary procedure)
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or less
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight less than 1500-2500 grams)
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight less than 2501-5000 grams)

CODE	DESCRIPTOR
J1750	Injection, iron dextran, 50 mg
Q4101	Skin substitute, apligraf, per square centimeter
Q4102	Skin substitute, oasis wound matrix, per square centimeter
Q4103	Skin substitute, oasis burn matrix, per square centimeter
Q4104	Skin substitute, integra bilayer matrix wound dressing (bmwd), per square centimeter
Q4106	Skin substitute, dermagraft, per square centimeter
Q4107	Skin substitute, graftjacket, per square centimeter
Q4108	Skin substitute, integra matrix, per square centimeter
Q4109	Skin substitute, tissuemend, per square centimeter
Q4110	Skin substitute, primatrix, per square centimeter

# **114.3 CMR 17.00 Deleted Codes:**

CODE	DESCRIPTOR
90760	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
90761	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
90765	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
90766	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
90767	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion, up to 1 hour (List separately in addition to code for primary procedure)
90768	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)
90769	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to one hour, including pump set-up and establishment of subcutaneous infusion site(s)
90770	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
90771	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
90773	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intra-arterial
90774	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
90775	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)
90776	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)
90779	Unlisted therapeutic, prophylactic or diagnostic intravenous or intra-arterial injection or infusion
90918	End-stage renal disease (ESRD) related services per full month; for patients younger than two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90919	End-stage renal disease (ESRD) related services per full month; for patients between two and eleven years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90920	End-stage renal disease (ESRD) related services per full month; for patients between twelve and nineteen years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90921	End-stage renal disease (ESRD) related services per full month; for patients twenty years of age and older
90922	End-stage renal disease (ESRD) related services (less than full month), per day; for patients younger than two years of age
90923	End-stage renal disease (ESRD) related services (less than full month), per day; for patients between two and eleven years of age
90924	End-stage renal disease (ESRD) related services (less than full month), per day; for patients between twelve and nineteen years of age
90925	End-stage renal disease (ESRD) related services (less than full month), per day; for patients twenty years of age and older
91100	Intestinal bleeding tube, passage, positioning and monitoring
93727	Electronic analysis of implantable loop recorder (ILR) system (includes retrieval of recorded and stored ECG data, physician review and interpretation of retrieved ECG data and reprogramming)
93731	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable parameters at rest and during activity where applicable, using electrocardiographic recording and interpretation of recordings at rest and during exercise, analysis of event markers and device response); without reprogramming

CODE	DESCRIPTOR
93732	Electronic analysis of dual-chamber pacemaker system (includes evaluation of programmable
	parameters at rest and during activity where applicable, using electrocardiographic recording and
	interpretation of recordings at rest and during exercise, analysis of event markers and device
	response); with reprogramming
93733	Electronic analysis of dual chamber internal pacemaker system (may include rate, pulse amplitude
	and duration, configuration of wave form, and/or testing of sensory function of pacemaker),
	telephonic analysis
93734	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable
	parameters at rest and during activity where applicable, using electrocardiographic recording and
	interpretation of recordings at rest and during exercise, analysis of event markers and device
	response); without reprogramming
93735	Electronic analysis of single chamber pacemaker system (includes evaluation of programmable
	parameters at rest and during activity where applicable, using electrocardiographic recording and
	interpretation of recordings at rest and during exercise, analysis of event markers and device
	response); with reprogramming
93736	Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude
	and duration, configuration of wave form, and/or testing of sensory function of pacemaker),
	telephonic analysis
93741	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse
	generator status, evaluation of programmable parameters at rest and during activity where applicable,
	using electrocardiographic recording and interpretation of recordings at rest and during exercise,
	analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator
	system, without reprogramming
93742	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse
	generator status, evaluation of programmable parameters at rest and during activity where applicable,
	using electrocardiographic recording and interpretation of recordings at rest and during exercise,
	analysis of event markers and device response); single chamber or wearable cardioverter-defibrillator
	system, with reprogramming
93743	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse
	generator status, evaluation of programmable parameters at rest and during activity where applicable,
	using electrocardiographic recording and interpretation of recordings at rest and during exercise,
	analysis of event markers and device response); dual chamber, without reprogramming
93744	Electronic analysis of pacing cardioverter-defibrillator (includes interrogation, evaluation of pulse
	generator status, evaluation of programmable parameters at rest and during activity where applicable,
	using electrocardiographic recording and interpretation of recordings at rest and during exercise,
00=50	analysis of event markers and device response); dual chamber, with reprogramming
93760	Thermogram; cephalic
93762	Thermogram; peripheral
99289	Critical care services delivered by a physician, face-to-face, during an interfacility transport of
	critically ill or critically injured pediatric patient, 24 months of age or less; first 30-74 minutes of
	hands on care during transport
99290	Critical care services delivered by a physician, face-to-face, during an interfacility transport of
	critically ill or critically injured pediatric patient, 24 months of age or less; each additional 30 minutes
	(List separately in addition to code for primary service)
99293	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill
	infant or young child, 29 days through 24 months of age
99294	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically
	ill infant or young child, 29 days through 24 months of age
99295	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill
	neonate, 28 days of age or less
99296	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically
	ill neonate, 28 days of age or less
99298	Subsequent intensive care, per day, for the evaluation and management of the recovering very low
	birth weight infant (present body weight less than 1500 g)
99299	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth
	weight infant (present body weight of 1500-2500 g)
99300	Subsequent intensive care, per day, for the evaluation and management of the recovering infant
	(present body weight of 2501-5000 g)

CODE	DESCRIPTOR
99431	History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital records. (This code should also be used for birthing room deliveries.)
99432	Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s)
99433	Subsequent hospital care, for the evaluation and management of a normal newborn, per day
99435	History and examination of the normal newborn infant, including the preparation of medical records. (This code should only be used for newborns assessed and discharged from the hospital or birthing room on the same date.)
99436	Attendance at delivery (when requested by delivering physician) and initial stabilization of newborn
99440	Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output

CODE	DESCRIPTOR
J1751	Injection, iron dextran 165, 50 mg
J1752	Injection, iron dextran 267, 50 mg
J7340	Dermal and epidermal, (substitute) tissue of human origin, with or without bioengineered or processed elements, with metabolically active elements, per square centimeter
J7341	Dermal (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7342	Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, with metabolically active elements, per square centimeter
J7343	Dermal and epidermal, (substitute) tissue of non-human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7344	Dermal (substitute) tissue of human origin, with or without other bioengineered or processed elements, without metabolically active elements, per square centimeter
J7346	Dermal (substitute) tissue of human origin, injectable, with or without other bioengineered or processed elements, but without metabolically active elements, 1 cc
J7347	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (integra matrix), per square centimeter
J7348	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (tissuemend), per square centimeter
J7349	Dermal (substitute) tissue of nonhuman origin, with or without other bioengineered or processed elements, without metabolically active elements (primatrix), per square centimeter
J9182	Etoposide, 100 mg

# 114.3 CMR 17.00 Crosswalks and Rates:

For descriptions of the deleted codes and their respective replacement codes, please refer to the appropriate added or deleted code sections above.

DELEGED	DEDI A CEMENTE
DELETED	REPLACEMENT
CODE	CODE
99289	99466
99290	99467
99293	99471
99294	99472
99295	99468
99296	99469
99298	99478
99299	99479
99300	99480
99431	99460
99432	99461
99433	99462
99435	99463
99436	99464
99440	99465
90760	96360
90761	96361
90765	96365
90766	96366
90767	96367
90768	96368
90769	96369
90770	96370
90771	96371
90772	96372
90773	96373
90774	96374
90775	96375
90776	96376
90779	96379
90918	90951-90953, 90963,
, , , , ,	90967
90919	90954-90956, 90964,
	90968
90920	90957-90959, 90965,
	90969
90921	90960-90962, 90966,
90922	90970 90951-90953, 90963,
90922	90951-90953, 90963, 90967
90923	90954-90956, 90964,
,0,23	90968
90924	90957-90959, 90965,
	90969
90925	90960-90962, 90966,
	90970
93927	93285, 93291, 93298

DELETED	REPLACEMENT
CODE	CODE
93731	93280, 93288, 93294
93732	93280, 93288, 93294
93733	93293
93734	93279, 93288, 93294
93735	93279, 93288, 93294
93736	93293
93741	93282, 93289, 93292, 93295
93742	93282, 93289, 93292, 93295
93743	93283, 93289, 93295
93744	93283, 93289, 93295

DELETED	REPLACEMENT
CODE	CODE
J1751	J1750
J1752	J1750
J7340	Q4101
J7341	Q4102, Q4103
J7342	Q4106
J7344	Q4107
J7347	Q4104, Q4108
J7348	Q4109
J7349	Q4110
J9182	J9181*

<sup>\*</sup>Code J9181 is an existing code

	RATE				
REPLACEMENT	NFAC	FAC	Global		
CODE	Fee	Fee	Fee	PC Fee	TC Fee
90650			I.C.		
90681			I.C.		
90696			I.C.		
90738			I.C.		
90951			\$755.87		
90952			I.C.		
90953			I.C.		
90954			\$614.45		
90955			\$349.81		
90956			\$237.00		
90957			\$495.50		
90958			\$335.08		
90959			\$219.72		
90960			\$222.53		
90961			\$179.08		
90962			\$129.00		
90963			\$425.99		
90964			\$353.01		
90965			\$335.84		
90966			\$176.85		
90967			\$15.45		
90968			\$11.85		-

	RATE				
REPLACEMENT	NFAC	FAC	Global		
CODE	Fee	Fee	Fee	PC Fee	TC Fee
90969			\$11.58		
90970			\$6.24		
93228			\$19.94		
93229			I.C.		
93279			\$45.68	\$28.58	\$17.10
93280			\$54.16	\$34.39	\$19.77
93281			\$63.32	\$40.15	\$23.17
93282			\$58.33	\$37.40	\$20.93
93283			\$70.99	\$47.18	\$23.81
93284			\$83.12	\$56.12	\$27.00
93285			\$39.60	\$23.45	\$16.14
93286			\$22.36	\$11.74	\$10.63
93287			\$29.19	\$17.20	\$11.99
93288			\$35.68	\$19.21	\$16.46
93289			\$54.43	\$34.66	\$19.77
93290			\$25.66	\$16.54	\$9.12
93291			\$34.08	\$19.42	\$14.66
93292			\$30.57	\$19.21	\$11.35
93293			\$49.97	\$13.24	\$36.73
93294			\$29.10	ψ13.2¬	ψ30.73
93295			\$52.67		
93296			\$32.07		
93297			\$19.94		
93298			\$23.45		
93299			I.C.		
93299			\$226.42	\$56.84	\$169.59
				\$30.64	\$109.39
93351			\$233.03		
93352			\$32.79	I.C.	LC
95803	#22.2 <i>5</i>	¢20.74	I.C.	I.C.	I.C.
95992	\$32.25	\$28.74	Φ <i>E</i> 1. <i>E</i> (		
96360			\$51.56		
96361			\$15.64		
96365			\$63.04		
96366			\$20.03		
96367			\$33.28		
96368			\$18.79		
96369			\$133.40		
96370			\$12.80		
96371			\$60.05		
96372			\$16.19		
96373			\$15.11		
96374			\$48.27		
96375			\$21.75		
96376		<u> </u>	I.C.		
96379			I.C.		
99460			\$63.30		
99461	\$66.55	\$47.73			
99462			\$33.55		
99463			\$86.19		
99464			\$56.30		

			RATI	E	
REPLACEMENT CODE	NFAC Fee	FAC Fee	Global Fee	PC Fee	TC Fee
99465			\$158.05		
99466			\$179.70		
99467			\$92.42		
99468			\$693.09		
99469			\$297.41		
99471			\$603.47		
99472			\$299.36		
99475			\$411.62		
99476			\$245.13		
99478			\$106.57		
99479			\$98.60		
99480			\$95.02		

#### 114.3 CMR 18.00 Added Codes:

CODE	DESCRIPTOR
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study; intravenous (eg,
	parathyroid adenoma)

#### 114.3 CMR 18.00 Deleted Codes:

CODE	DESCRIPTOR
77781	Remote afterloading high intensity brachytherapy; 1-4 source positions or catheters
77782	Remote afterloading high intensity brachytherapy; 5-8 source positions or catheters
77783	Remote afterloading high intensity brachytherapy; 9-12 source positions or catheters
77784	Remote afterloading high intensity brachytherapy; over 12 source positions or catheters
78890	Generation of automated data: interactive process involving nuclear physician and/or allied health
	professional personnel; simple manipulations and interpretation, not to exceed 30 minutes
78891	Generation of automated data: interactive process involving nuclear physician and/or allied health
	professional personnel; complex manipulations and interpretation, exceeding 30 minutes

## 114.3 CMR 18.00 Crosswalks and Rates:

For descriptions of the deleted codes and their respective replacement codes, please refer to the appropriate added or deleted code sections above.

DELETED CODE	REPLACEMENT CODE		
77781	77785, 77786		
77782	77785-77787		
77783	77785-77787		
77784	77785-77787		

	RATE		
REPLACEMENT CODE	Global Fee	PC Fee	TC Fee
77785	\$155.64	\$55.59	\$100.05
77786	\$473.08	\$124.83	\$348.25
77787	\$702.69	\$192.34	\$510.34
78808	\$37.95		